

**Statement of Organization  
Recipient Committee**

**Statement Type**  Initial  Amendment  Termination - See Part 5

Not yet qualified  or

Date qualification threshold met

Date qualification threshold met

Date of termination

Date Stamp  
RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

JUL 27 2021

CALIFORNIA FORM 410

AUG 04 2021

MARCY DeMARTILE

PLUMAS CO. CLERK-RECORDER

BY

DEPT

**1. Committee Information**

**I.D. Number  
(If applicable)** 1309029

NAME OF COMMITTEE

Plumas County Republican Central Committee (State)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Portola, CA 96122 530-228-5434

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
hthomas10@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Plumas Plumas County

Attach additional information on appropriately labeled continuation sheets

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge, the information contained herein is true and complete. I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Executed on 7/19/21 By \_\_\_\_\_

Sig \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Plumas County Republican Central Committee (State)

I. D. NUMBER  
1309029

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION  Plumas Bank	AREA CODE/PHONE  530-832-4405	BANK ACCOUNT NUMBER  [REDACTED]	
ADDRESS  [REDACTED]	CITY  Portola, CA 96122-8414	STATE  [REDACTED]	ZIP CODE  [REDACTED]

**4. Type of Committee** Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> Nonpartisan
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Plumas County Republican Central Committee (State)

I. D. NUMBER  
1309029

**4. Type of Committee**

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To promote Republican values and ideals in Plumas County

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OF AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE ZIP CODE

Small Contributor Committee

Date Qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FORM	REFERENCE	NOTES
CA 410	Cover	

FPPC Form 410 (August/2018)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

NAME OF FILER Plumas County Republican Central Committee (State)		I.D. NUMBER 1309029			
FORM	REFERENCE	NOTES			
CA 410	Cover - Additional Officers	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Megan Dahle			
		STREET ADDRESS [REDACTED]			
		CITY Bieber, CA 96009	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE 530 299-3223